PTO/SB/06 (07-06)

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Under the Papervork Reduction Act of 1995, no persons are required to respon PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/801,969			ling Date 16/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN	
⊢	FOR		JMBER FIL		MBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
┢	BASIC FEE	N	N/A	.ED NO	N/A		N/A	FEE (a)	ı	N/A	FEE (a)	
느	(37 CFR 1.16(a), (b),	or (c))			N/A		N/A			N/A		
Ш	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		ı	N/A		
	(37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
(37	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *				x \$ =			x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	ts of pape 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	05/06/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))	• 18	Minus	43	= 0	l	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 5	Minus	•••6	= 0		X \$105 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(i))		Minus		=		x \$ =		OR	x s =		
Ω	Independent (37 CFR 1,16(h))		Minus	***]	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is isses than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF) process) an application. Confidentiality is ownered by \$8 USF. 1.28 and \$3 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Child reflorational confidence. U.S. Patents and Trademark Office, U.S. Department of Commons. P.O. Box 1450, Aboxandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENCES. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.